

US Decisions Inc.  
An Independent Review Organization  
3616 Far West Blvd Ste 117-501 US  
Austin, TX 78731  
Phone: (512) 782-4560  
Fax: (512) 870-8452  
Email: [@us-decisions.com](mailto:@us-decisions.com)

**Description of the service or services in dispute:**

X

**Description of the qualifications for each physician or other health care provider who reviewed the decision:**

Board Certified X

**Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

X

**Information Provided to the IRO for Review**

X

**Patient Clinical History (Summary)**

X who was injured on X. The X was X. The X and X.

On X was evaluated by X, MD for follow-up. X had X. X did X. X did have X. X did have X. X was X. X was X and also a X. In summary, X had X for X. It had been X. X had X and also X. X had exceeded ODG guidelines. X had X. X was noted at the X. X to have a X and a X. Again, X was noted that X and X. X and X of the X. A X was also noted, X. X including X revealed X and also X. Again, this was X. X with regard to X were again noted. The X with X with X and X. On X presented for follow-up. X continued to X. X had X. X was again denied based on the X. X was X which documented X. X clearly X. X did show X. X continued to X. X had

X. It had X. X revealed X. X was noted at the X. X to have a X. Again, X was noted X. X were noted with regard to X. A X was noted. X and X did X. A X was also noted, X. X including X revealed X. Again, this was X. X was also noted with this X. X with X were again noted.

An X revealed X.

Treatment to date included X.

Per a utilization review notice of adverse determination letter dated X, MD recommended that the request for X be noncertified. X: "The ODG recommends at X. The ODG recommends X when there has been a X. The ODG recommends X. The ODG recommends X. The provided documentation indicates there is X. X and X and X. A X showed X and X. The provider indicates that on the review of the X there is a X. When noting there is a X. While X, or X as there is X. Based on the available information, X are medically necessary. The ODG supports the use of a X. As X is medically necessary, a X is medically necessary. The ODG does not recommend X. There are X. Based on the available information, X is not medically necessary. However, as this X was X the requests remain not certified at this time."

Per the office visit dated X, Dr. X went over the denial. The reviewer felt X. At that point, it had been X. X had X. X had X. X had X. X must X. X in this type of X. This would X. Furthermore, X now had more X. Again, X had exceeded ODG guidelines. Furthermore, X was X. X mechanism of injury X. X had been established. X was X. Again, the recommendation was that of X. Dr. X discussed the X. X would require an X. This was considered X and medically necessary. X was given X. The X was also discussed. An X by X would be ordered, which would be X. This was a medical necessity. Current X the fact that this X and X and X. This also had been X that were X after X. In X remained a X. X also X and also could X. For this reason, this X was a medical necessity. They would again appeal to the X for authorization. In the interim, X would continue with X.

Per a X of appeal adverse determination letter dated X, the prior denial was upheld as not medically necessary by X, MD. X: “The ODG does not X. The X of the X and X. The X of the X. The X are reported as X. There is X. There may be X, but that is X or X. If the X is not certified, the X. Dr. X reviewed all X that Dr. X would have to X in a peer-to-peer, but X. Therefore, the appeal requests are upheld and non-certified.”

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The ODG recommends at X. The ODG recommends X. The ODG recommends X. The ODG recommends X. The ODG recommends the X. The ODG does not recommend the use of X. The provided documentation indicates the X. XI findings include X. As there is report of X and X. As there is X. While there is X. While there has X. X all of the X. As X is X, the requested X is supported. There are X against the ODG recommendation. Based on the provided documentation, a X as medical necessity has been established and noncertification of X is not medically necessary based on the medical records.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters

- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)